

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 16 1937

1. PLACE OF DEATH

County Butler
 Township _____
 City Poplar Bluff

Registration District No. 89
 Primary Registration District No. 2007
 (No. Brandon, Hospital)

File No. 37258
 Registered No. 254
 St. _____ Ward _____

2. FULL NAME Bartha R. Riss

(a) Residence, No. 621 Lindsay St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.F. Riss.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1873

7. AGE YEARS 63 MONTHS 10 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Henry Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT A.F. Riss
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Salida, Colo DATE 10/18 1937

19. UNDERTAKER Frank Umd, Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 10/18 37 Chittinger
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1937 to Oct 14 1937
 I last saw her alive on Oct 14 1937 Death is said to have occurred on the date stated above, at 11:43 A.M.
 The principal cause of death and related causes of importance were as follows:

Pectoris Angina
pulmonary Edema
 Date of onset 9/29/37
10/13/37

Other contributory causes of importance:

Hypertension
Generalized Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. L. Gualle M. D.
 (Address) Poplar Bluff, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

